V. S. No. 2
0M—1/47
ev. 5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40119

FILED DEC 6 1947

Registration District No. 318

Primary Registration District No.

Registrar's No. 10844

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1509a St. Louis Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 56 Yrs 10 Mons 1 Day
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 100

(a) State Mo. (b) County Lad

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 26 1509a St. Louis Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME August P. Roessner

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Roessner

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased 1 (Month) 22 (Day) 1891 (Year)

8. AGE: Years 56 Months 10 Days 1 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Coal Dealer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Roessner
(b) Address 1509a St. Louis Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St. Louis Ave.

19. (a) NOV 26 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 23
year 1947 hour 7 minute p M.

21. I hereby certify that I attended the deceased from 9-23-47, 19, to 11-23-47 19;
that I last saw him alive on 11-23-47, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY-SCLEROSIS

Due to ARTERIO-SCLEROSIS

Due to CARONIC-INTERSTIAL NEPHRITIS

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature Jos F. J. Nawrocki M. D. or other Md

Address 1901 Madison W Date signed 11-24-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Ernest W. Spillard

Licensed Embalmer No. 4080

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.